

D O L M E N

INSURANCE BROKERS

Residents Association / Management Company Proposal Form

1. Your Details

Name of Company:

Address:

How many apartments are managed
by the Management Company:

2. General Questions:

Please answer 'Yes' if the following are true.

Is the Management Company registered in Ireland as a limited liability company or a company limited by guarantee or organised on a formal basis with an agreed constitution and elected members

Yes

No

Is the Management Company's principle function the care or management of services and maintenance of its shareholders or members residential flats or houses and/or the surrounding grounds, gates, fences, woodland, jointly owned roads and/or driveways

Yes

No

Do the Management Company's latest annual accounts show a surplus of revenues over expenditure

Yes

No

Do the Management Company's latest annual accounts show positive net funds (total assets minus total liabilities)

Yes

No

There has been **no** claims brought against the Management Company or any past or present director, or officer of the Management Company

Yes

No

After enquiry, you are **not** aware of any circumstance that may lead to a claim against the Management Company or any past or present director, or officer of the Management Company.

Yes

No

If you have answered 'No' to any of these questions, please provide full details on an additional page.

3. Your Policy:

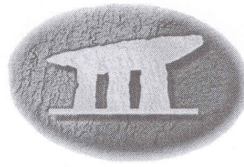
Limits of Indemnity

Aggregate Limit of
liability €

€ 250,000

€ 500,000

€ 1,000,000



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If you have a current policy, what is the Prior and Pending Litigation date?

When would you like cover to start?

This date must not be prior to the date the Proposal Form is signed and must be no more than 7 days in advance. Cover will start only upon confirmation from W.R. Berkley Insurance (Europe), Ltd.

4. Declaration:

I/We declare that the contents of this proposal form are true and that I/We, after full enquiry have not mis-stated or suppressed any material facts. I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of any contract of insurance effected hereon. I/We undertake to inform Insurers of any material alterations to these facts occurring before completion of the contract of insurance. The completion and signature of this proposal form does not bind the Insurer to complete a contract of insurance.

I/We understand that any non-disclosure or misinterpretation of any material facts or matters shall entitle W.R Berkley Insurance (Europe), Limited to avoid this insurance.

Signature of Director:

Name:

Position:

Date:

The Policy will be for a twelve month period, Wisdom Entity Resident Association 2014 (IR714) applies.